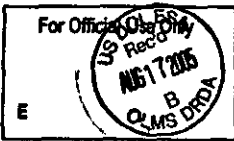


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>11</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>ANTHONY J DeStefano</u> P O Box, Bldg. Room No. If any <u></u> Street <u>1322 WICKERHAM DRIVE</u> City <u>MONONGAHELA</u> State <u>PA</u> ZIP Code + 4 <u>15063</u>	4 Name, file number and address of labor organization Name <u>IUPAT-DISTRICT COUNCIL 57</u> Labor Organization File Number <u></u> P O Box Building and Room Number If any <u></u> Street <u>101 E WING ROAD</u> City <u>CARNEGIE</u> State <u>PA</u> ZIP Code + 4 <u>15106</u>
5 Position in labor organization <u>BUSINESS MANAGER / SECRETARY - TREASURER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name <u></u> Trade Name, if any <u></u> P O Box Bldg. Room No. If any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7 a Nature of Interest, Transaction or Income <u></u> 7 b Amount <u></u>

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Anthony J. DeStefano

On

8-21-05
Date

412-276-5758
Telephone Number

Name of Person Filing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name L.I.M. C.I. LABOR MANAGEMENT COOPERATION FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1750 NEW YORK AVE N.WCity WASHINGTONState D.C. ZIP Code + 4 20006
5301

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11.a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount.

8176

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.